

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43522**

JAN 27 1941

684

Primary Registration District No.

44408

Registrar's No.

46

1. PLACE OF DEATH

- (a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 2

3. (a) PRINT FULL NAME Minnie Frances Lynn

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 24 1891
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse Cox

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dora Hyler

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. L. Crane

(b) Address Bowling Green Missouri

17. (a) Burial (b) Date thereof 12-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farber Missouri

18. (a) Signature of funeral director W. H. Bantahead

(b) Address Bowling Green Missouri

19. (a) 12-30-1940 (b) Missouri
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pike

- (c) City or town Bowling Green
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 12-12, 1940, to 12-22, 1940;
that I last saw her alive on 12-22, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Bronchial pneumonia

Due to ASC

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (a) Means of injury

While at work

23. Signature W. H. Bantahead (M. D. or other)

Address Bowling Green MO Date signed 12/23/40

RECEIVED

District Health Officer No. 10

District File Number 1-48-32

Date Filed JAN 7 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Grace Danfœ Read

Licensed Embalmer No. 9204

P. O. Address Bowling Green Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.